05-02-05

PTO/SB/21 (09-04)

|   | TRANSMATAL FORM APR 2 9 2005 (to be used for all correspondence after initial filiped) |
|---|--|
| _ | Total Number of Pages in This Submission 20  |

Application Number 10/814,706

Filing Date March 30, 2004

First Named Inventor Kitamura, Manabu

Art Unit 2186

Examiner Name Unassigned

Attorney Docket Number 16869B-103600US

| ENCLOSURES (Check all that apply)  |  |  |  |         |        |                                       |  |  |  |
|--|--|--|--|---------|--------|---------------------------------------|--|--|--|
| Preliminary Afte Affice Affice Extension of Express Abar Information  Certified Co Document(s) Reply to Mis Application Rep  | Attached  Amendment  Final  davits/declaration(s)  f Time Request  andonment Request  Disclosure Statement | Drawing(s)  Licensing-related Pape  Petition to Make Specia Petition to Convert to a Provisional Application Power of Attorney, Rev Change of Corresponde Terminal Disclaimer Request for Refund  CD, Number of CD(s)  Landscape Table | After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below):  Return Postcard Eleven (11) cited references |         |        |                                       |  |  |  |
|  |  |  |  |         |        |                                       |  |  |  |
|  | SIGNA  | TURE OF APPLICANT, A   | TTORNEY, (   | OR AGEN | T      | · · · · · · · · · · · · · · · · · · · |  |  |  |
| Firm Name  | Townsend and Towns   | send and Crew LLP  |  |         |        |                                       |  |  |  |
| Signature  | AC.  | Loy  |  |         |        |                                       |  |  |  |
| Printed name   | Chun-Pok Leung   |  |  |         |        |                                       |  |  |  |
| Date   | April 29, 2005   |  | Reg. No.   | 41,405  | 41,405 |                                       |  |  |  |
| CERTIFICATE OF TRANSMISSION/MAILING  |  |  |  |         |        |                                       |  |  |  |
| Express Mail Label: EV 530888291 US  I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on this date April 29, 2005 and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.  Signature |  |  |  |         |        |                                       |  |  |  |
| Typed or printed name Joy Salvador Date April 29, 2005   |  |  |  |         |        |                                       |  |  |  |

Date April 29, 2005

| Effective on 12/08/2004.  |   |                               | Complete if Known                                 |  |              |                   |                    |                |                |  |  |  |
|---|---|-------------------------------|---|--|--------------|-------------------|--------------------|----------------|----------------|--|--|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2005   |   |                               |   | Application Number 10/814,706          |              |                   |                    |                |                |  |  |  |
|   |   |                               |   | Filing Date                            | N            | March 30, 2004    |                    |                |                |  |  |  |
|   |   |                               |   | First Named Inv                        | ventor K     | Kitamura, Manabu  |                    |                |                |  |  |  |
|   |   |                               |   | Examiner Name                          | ∍ l          | Unassigned        |                    |                |                |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27   |   |                               |   | Art Unit                               | 2            | 2186              |                    |                |                |  |  |  |
| TOTAL AMOUNT  | OF PAYMENT  | (\$) 130.00                   | <del></del>                                       | Attorney Docke                         | t No. 1      | 6869B-            | 103600US           | <u> </u>       |                |  |  |  |
| METHOD OF PA  | METHOD OF PAYMENT (check all that apply)                    |                               |   |  |              |                   |                    |                |                |  |  |  |
|   | Check Credit Card Money Order None Other (please identify): |                               |   |  |              |                   |                    |                |                |  |  |  |
| Deposit Acc   | ount Deposit Ac   | count Number:                 | 20-1430   | Deposit Acco                           | ount Name:   | Townser           | nd and Town        | send and (     | Crew LLP       |  |  |  |
| For the at  | oove-identified de  | posit account, th             | e Director is I                                   | nereby authorized                      | to: (check   | all that a        | apply)             |                |                |  |  |  |
|   | ge fee(s) indicate  | d below                       |   | L Cha                                  | rge fee(s) i | ndicated          | below, exc         | ept for the    | filing fee     |  |  |  |
| Char  | ge any additional<br>r 37 CFR 1.16 and                      | fee(s) or underp              | ayments of fe                                     | e(s) Cred                              | lit any ove  | pavmen            | ts                 |                |                |  |  |  |
|   | on on this form ma  | y become public.              |   |  |              |                   |                    | ide credit ca  | ırd            |  |  |  |
| FEE CALCULAT  |   | 030                           |   | •                                      | <del></del>  |                   |                    |                |                |  |  |  |
| 1. BASIC FILING   | G. SEARCH. AN   | D EXAMINA?                    | TION FEES   |  |              |                   |                    |                |                |  |  |  |
|   | FIL   | ING FEES                      |   | ARCH FEES                              | EXA          |                   | ON FEES            |                |                |  |  |  |
| Application T   |   | Small Entity<br>(\$) Fee (\$) | Fee   | Small Entity (\$) Fee (\$)             | <u>Fee</u>   | Small<br>(\$) Fee | Entity<br>(\$)     | Fees F         | Paid (\$)      |  |  |  |
| Utility   | 300   | 150                           | 50  | 0 250                                  | 20           | 0 10              | 0                  |                |                |  |  |  |
| Design  | 200   | 100                           | 10  | 0 50                                   | 13           | 0 6               | 55                 | <u> </u>       |                |  |  |  |
| Plant   | 200   | 100                           | 30  | 0 150                                  | 16           | 0 8               | 30                 |                |                |  |  |  |
| Reissue   | 300   | 150                           | 50  | 0 250                                  | 60           | 0 30              | 0                  |                |                |  |  |  |
| Provisional   | 200   | 100                           |   | 0 0                                    |              | 0                 | 0                  |                | <del></del>    |  |  |  |
| 2. EXCESS CLA   | IM FEES   |                               |   |  |              |                   |                    |                | Small Entity   |  |  |  |
| Fee Description   | 20 f B-i  |                               | 20  | . 1                                    |              |                   |                    |                | (\$) Fee (\$)  |  |  |  |
| Each claim over<br>Each independen  | t claim over 3 c  | or, for Reissue               | n over 20 ar<br>s, each inde                      | od more than in<br>pendent claim n     | the origin   | in the            | nt<br>original pat | 50<br>tent 200 | _ <del>-</del> |  |  |  |
| Multiple depende  |   | ,                             |   |  |              |                   | or Sum Par         | 360            |                |  |  |  |
| Total Claims  |   |                               |   |  |              |                   |                    |                |                |  |  |  |
| HP = highest number of  | of total claims paid fo                                     | xx<br>or, if greater than 2   | <del></del>                                       |  | <u>re</u>    | <u>e (\$)</u>     | <u>Fee Pa</u>      | <u>ia (\$)</u> |                |  |  |  |
| Indep. Claims   | Extra C   |                               | <u>e (\$)                                    </u> | ee Paid (\$)                           |              |                   | -                  | <del></del>    |                |  |  |  |
| HP = highest number of  | -3 or HP =<br>of independent claim                          | xx<br>s paid for, if greate   | =<br>er than 3                                    |  |              |                   |                    |                |                |  |  |  |
| 3. APPLICATIO   | N SIZE FEE  |                               |   |  |              |                   |                    |                |                |  |  |  |
| If the specificati  | on and drawing  | s exceed 100                  | sheets of pa                                      | per, the applican                      | tion size    | fee due           | is \$250 (\$       | 125 for sn     | nall entity)   |  |  |  |
| Total Sheets  | itional 50 sheets   |                               |   |  |              |                   |                    |                | Paid (\$)      |  |  |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x = |   |                               |   |  |              |                   |                    |                |                |  |  |  |
| 4. OTHER FEE(S)  Fees Paid (\$)   |   |                               |   |  |              |                   |                    |                |                |  |  |  |
| Non-English Specification, \$130 fee (no small entity discount)   |   |                               |   |  |              |                   |                    |                |                |  |  |  |
| Other: PETITIONS TO THE COMMISSIONER  |   |                               |   |  |              |                   |                    | 13             | 30.00          |  |  |  |
| SUBMITTED BY  |   |                               |   |  |              |                   |                    |                |                |  |  |  |
| Signature   |   | 10/                           | SU  | Registration No. (Attorney/Agent)      | 41,405       |                   | Telephone          | 650-32         | 26-2400        |  |  |  |
| Name (Print/Type)   | Chun-Pok Leu  | ing                           |   | ······································ |              |                   | Date Ap            | ril 29, 200    | 5              |  |  |  |